

216020647
99476

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 097	Agency Case No. B6-044450	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 10	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/20/2016		S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY 05/21/2016
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	POLICE NOTIFIED 0844			
B		CITY Lincoln	PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2040 S.23rd		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
8	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M 20	14.00 X South street					
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
VEHICLE NO. 1						
F	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N 1	DRIVER Unknown	PHONE			LOCAL NO.	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
G	OWNER unknown	PHONE			LOCAL NO.	
1	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO	CITATION NO.
H	LICENSE PLATE NO.	unknown		YEAR (Plate Expires)	STATE (Of Plate)	
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/O	VEHICLE ID NO. (VIN)	INSURANCE COMPANY unknown			ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	
I	TOWED TO	TOWED BY			POLICY NO.	
VEHICLE NO. 2						
7	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P 8	DRIVER	PHONE			LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER	PHONE			LOCAL NO.	
12	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE NO.			YEAR (Plate Expires)	STATE (Of Plate)	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	
01	TOWED TO	TOWED BY			POLICY NO.	

V1/1
43
V1/2
V1/3
V1/4
V1/5
43
V1/6
15

V2/1
V2/2
V2/3
V2/4
V2/5
V2/6

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)		DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
				Seat Position	Eject	Body Region	Injury Sev.	Trans.	
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			

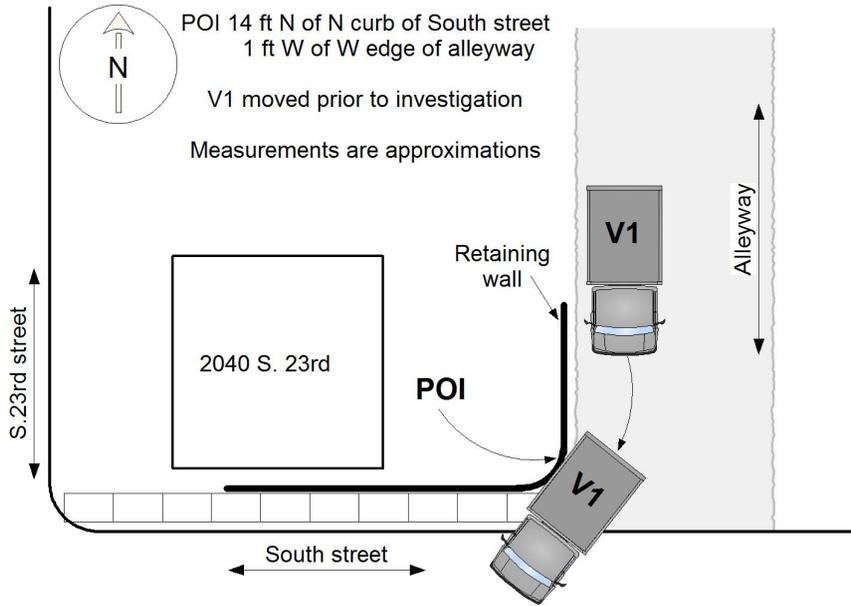
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044450



Indicate North by Arrow



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Property owner, Michael Behnke, reports that he was notified by a neighbor at 2311 South street that his split face block retaining wall had been struck by a vehicle. The vehicle was reported by the neighbor to be a white garbage truck. The neighbor was not able to be reached. Damage was found to the SE corner of the retaining wall consistent with being struck by a SB moving vehicle with tire scuffs left on the side of the block. Michael had already contacted his garbage company but was advised that they were not in the area on the date of collision.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	retaining wall pushed	Michael J Behnke	2040 S.23rd, Lincoln, NE 68502	402-202-4224	\$ 100
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$

WITNESSES	NAME	ADDRESS	PHONE
WITNESSES	NAME	ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	0	VEH 2
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2					
1	X	S.23 to S.24/Sc							
2			POINT OF IMPACT	POINT OF IMPACT					
1	13	06 Turning left	MOST DAMAGED AREA	MOST DAMAGED AREA	1 Deployed - front	1 None used - vehicle occupant			
2		07 Making U-turn			2 Deployed - side	2 Lap & shoulder belt used			
		08 Entering traffic lane			3 Deployed - both front/side	3 Shoulder belt only used			
		09 Leaving traffic lane			4 Not deployed	4 Lap belt only used			
		10 Parked			5 Not applicable/ No airbag available	5 Child safety seat used			
		11 Slowing or stopped in traffic			6 Unknown	6 Child booster seat used			
		12 Other				7 DOT approved helmet used			
		13 Unknown				8 Costume helmet used			
						9 Restraint use unknown			
OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT							
1471	SE	Lincoln Police Department							Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE			DATE OF REPORT			
James Quandt			Approved by Ofc James Quandt			05/21/2016			